## VIRGINIA DEPARTMENT OF EDUCATION SCHOOL NUTRITION PROGRAMS (SNP)

## APPLICATION "SEVERE NEED" BREAKFAST REIMBURSEMENT RATES SCHOOL YEAR 2002 - 2003

INSTRUCTIONS: Indicate your participation in SY 2002 - 2003 by placing an "YES" or "NO" next to each eligible school. For each "YES" response, place an estimated Per Meal Breakfast Cost (in dollars and cents) in the designated column.

	SNP UNIT			SY 2000-2001 Free/Red SBP	Do you want to participate	SY 2002-03 Estimated Per		
SFA / SCHOOL NAME	<u>No.</u>	<u>Free</u>	Red	<u>Total</u>	<u>Pct - %</u>	Meals Served	in SY 2002-03? <u>YES/NO</u>	Meal Breakfas Cost - \$
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I certify that the information on this application is true and correct, to the best of my knowledge and that the additional funds requested are needed to operate the School Breakfast Program.

I fully understand that yearly expenditure information to support the actual costs involved to operate the Breakfast Program for the current School Year, will be verified by School Nutrition Programs via reports and reviews. If the School Breakfast Program expenditures are insufficient to support the increased Severe Need Reimbursement, any excess payments will have to be repaid to the Department of Education.

Superintendent Signature:		
Printed/Typed Name:		
Date:		
SNP 10A2.2 Svr Need Brkf	VDOE, School Nutrition Programs SY 2002-2003	Attachment 6